

APPENDIX A: Family Support and Early Childhood Services

King County's Current Investments in Family Support, Early Childhood Services and Child Care

King County Department of Community and Human Services	
Division	Programs
Community Services Division	<p>Child Care Program. King County uses current expense funds for the following:</p> <ul style="list-style-type: none"> To subsidize child care for families who live in King County outside Seattle (targets low-income families who earn too much to be eligible for state assistance). Currently serves about 500 families per year and has a waiting list of about one year. To help subsidize the wages of child care workers (new initiative). To support regional childcare information and referral. To promote quality, culturally relevant child care services. <p>The Child Care program also receives and administers state and federal funds for homeless child care services.</p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> Increased/improved quality of child care providers serving low-income children in King County. Increase/maintain parents' ability to work, earn income and/or participate in education/training activities. Increase stability among children whose families are homeless. Increase access to quality child care for low-income families and children. <p>Cooperative Extension. WSU Cooperative Extension-King County is a countywide education service funded by federal, state and local dollars. Some County CX funds support Washington State University Cooperative Extension. WSU Cooperative Extension-King County education programs promote lifelong learning, self-sufficiency and a livable environment by providing research-based responsive education to individuals, families and diverse communities. Our program areas provide workshops, newsletters, training, short courses, conferences, brochures, videos and slide shows to individuals, community groups, and organizations throughout the County. The main office is located in Renton and a satellite office is located at the University of Washington, Seattle.</p> <p>The Extension Food and Nutrition Education Program (EFNEP) provides nutrition education to low-income families.</p> <p>Parenting education programs are targeted to refugee and immigrant communities. Additionally, WSU Cooperative Extension-King County sponsors a statewide regional parenting conference, featuring pioneering researchers and experts, to train parent educators, family support workers and others who work with children, youth and families. Emphasis is placed on prevention strategies to reduce child abuse, neglect and delinquency in Washington communities.</p> <p>Money Management Education focuses on training case managers, educators, faith community</p>

CSD, continued	<p>leaders and community volunteers who work with limited income families.</p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> • Increase the number of resilient and healthy families in King County. • Increase family and individual economic stability and problem solving skills. • Increase access to family support systems throughout the community. • Increase education partnerships and collaborations.
	<p>Work Training Program . The Young Family Independence Program provides case management services for young, low-income parents with children. It is focused on promoting self-sufficiency, and links families to education, job training and placement, health care, and related services. County staff provides case management and health services, but funds are also contracted to community-based organizations for counseling services. Services limited to County outside Seattle.</p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> • Reduced rate of repeat pregnancies. • Increased rate of school completion. • Increased rate of infant immunizations. <p>Other. The Division administers a few other contracts for various family support-related services, including refugee and immigrant assistance. Also, the Veteran’s Program provides counseling and case management for veterans who experience post-traumatic stress syndrome and their family members.</p>
Developmental Disabilities	<p>Early Childhood Services. State and federally funded early childhood services for children birth to three with developmental disabilities.</p>

King County Children and Family Commission	
Family Support Programs	<p>The Children and Family Commission allocates current expenses funds for family support programs. It seeks to promote best practices in the field, and selects projects on a competitive request-for-proposal basis. It also requires a 25 percent match to stimulate involvement from local communities.</p> <p><u>Family Support Centers</u> Center for Human Services (North County) Family Works (Seattle) Youth Eastside Services (East County) Children’s Services of Sno-Valley (North Bend/Duvall) Cascade Family Center (Seattle) Maple Valley Community Center (South County) Federal Way YFS (South County) West Hill Family Enrichment Center (South County)</p> <p><u>Parent training contracts</u> Consejo Counseling & Referral (Countywide) Sacred Heart (Seattle) Project LOOK (White Center/Highline) Federal Way Family Center (South County)</p>

Children and Family Commission, continued	<p>Renton Area YFS (South County) SW Youth and Family Services (South Seattle) Communities in Schools of Renton (South County) Multi-Service Centers of North/East (East County)</p> <p><u>Healthy Families</u> (home visits for parents with newborns) Children’s Home Society (South County) Friends of Youth (Redmond; for teen parents) Highline Hospital (White Center/Burien)</p> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> • Decrease child abuse and neglect by increasing parents ability to parent effectively and raise healthy children. • Enhance families community and social resources. • Increase children’s academic and developmental success. • Decrease families' level of isolation. • Increase knowledge and skills to promote health and safety within families.
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Public Health—Seattle & King County	
	<p>Public Health—Seattle and King County provides a broad array of services for families with young children. They range from basic prevention programs for the general population (such as immunizations for children), to more specialized programs for parents and children with complex health-related concerns (such as case management services for pregnant and parenting women with substance abuse problems).</p> <p>Because public health services are so often provided in partnership with other initiatives and other organizations, it can be rather confusing to sort out the myriad of programs and services available. Funding is through a complex, highly leveraged web of federal, state, and local funds. However, taken as a whole, activities in family support and early childhood center around the following goals:</p> <ul style="list-style-type: none"> • Improving access to care • Improving birth outcomes • Optimizing child health and well-being • Preventing child abuse and neglect • Improving quality of child care • Improving systems and partnerships <p>Range of programs and services include:</p> <ul style="list-style-type: none"> • Various medical and developmental therapies (family health clinics, child health clinic, teen clinics, dental clinics, etc.). • Immunizations. • Outreach and access services. • Family planning. • Parenting education and support. • Public health nurses. • Education and services for pregnant and parenting teens (including support for clients of Young Family Independence Program—see DCHS section above). • Women, Infant, and Children Nutrition Program—nutrition information, counseling, and food

Public Health, continued	<p>for pregnant and parenting women (children up to age five).</p> <ul style="list-style-type: none"> • Services for pregnant and parenting women (including specialized interdisciplinary programs for pregnant and parenting women with high risk factors, such as the Maternity Support Services, Maternity Case Management, and MOMs Plus). • Healthy Families—a program using public health nurses to make home visits for parents with newborn children. • Northwest Family Center—case management and various services for HIV+ women and their children. • Child Protective Services Project—public health nurses for families referred by CPS. • Child Care Health Programs—health promotion and disease prevention services to child care facilities throughout King County. • Children with Special Health Care Needs—helps plan and obtain medical care for children with disabilities. • Child death review.
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Assessment of Family Support/Early Childhood Programs Against Framework Policies

Framework Policy Issue	Assessment Result
<i>Supports community goals?</i>	All activities in this area are contributing to one or more of the five Community Goals.
<i>Extent of access for unincorporated King County residents?</i>	<p>Public Health: Since Public Health is a regional service, access is countywide including for unincorporated residents. Home visiting services are available countywide. Public Health Centers and off-sites are located throughout the County to improve access to services.</p> <p>Children & Family Commission (CFC): Approximately 25% of CFC funds support services to unincorporated areas.</p> <p>Child Care: Priority is given to families living in unincorporated areas for child care subsidy. Approximately 33% of families enrolled live in unincorporated King County. To allow for parent choice child care provider recruitment happens countywide, along with resource and referral services.</p> <p>DCHS/WSU Co-op: Access is countywide including for unincorporated residents. Main Office is located in Renton and a satellite office is located at the University of Washington, Seattle. All education services are 100% accessible to residents of King County.</p>
<i>Support for regional systems for those most in need?</i>	<p>Public Health: Services are provided as part of regional Public Health services system, in partnership with many other community providers and systems.</p> <p>CFC: Regional services include a shelter based family support program and a culturally specific parent education program. Most Family Support Centers draw participants from outside of the immediate geographic area they serve. Several of the family support centers in East King County have service areas spanning huge sections of the County.</p> <p>DCHS Child Care: Child Care subsidies are available for families who live in the balance of County. The program uses a vendor/voucher model and is part of the continuum of our local and state child care system to help families move towards economic stability. Regional child care subsidies are also provided to special populations, including King County employees, homeless families and families participating in PIC/JTPA.</p> <p>DCHS YFIP: Limited to residents of King County outside Seattle—targets pregnant and parenting youth.</p> <p>DCHS/WSU Co-op: Is a countywide education service funded by federal, state and local dollars. Education programs are offered throughout the community to any resident in the areas of parenting, family support and community building, 4-H youth and adult leadership development and family financial management.</p> <p>The Extension Family Nutrition Education Program (EFNEP) is part of a nationwide community education program targeting families with children at home and youth in the community who are in the lowest income brackets [i.e. family income < 125% of federal poverty guidelines and/or participating in programs such as WIC and/or food stamps (now a debit card)]; youth are those in public schools with the highest percentage of students qualifying for subsidized breakfasts and lunches. EFNEP also serves a high percentage of minority clients.</p>
<i>Does use of CX funds makes sense given needs, trends, and roles of other funders?</i>	<p>Certain programs supported by King County in this area have a long-term effect of reducing involvement in the justice system.</p> <p>Public Health: Many of Public Health's prevention/early intervention activities are being shaped by the latest research highlighting the need for intensive Public Health Nurse home visiting services and other Public Health interventions. The latest research on early childhood brain development, stress and depression points to the efficacy of Public Health interventions in improving birth outcomes, reducing child abuse and neglect, in making a profound positive impact</p>

	<p>on future functioning of children and families, and in avoiding the cost of more difficult and expensive interventions in the future. In particular, the David Olds 15 year follow-up study and evaluation of intensive home visiting programs points to decreased criminal behavior on the part of parents and their children, as well as decreased use of welfare and fewer subsequent pregnancies.</p> <p>CFC:</p> <ul style="list-style-type: none"> • RAND Corporation study found Home Visiting combined with day care reduced the number of re-arrests of children by 50%. Parent education reduced arrests rates by 60%. • Syracuse University Family Development Research Program found delinquency was reduced by 91% when families were provided parent training, home visits, early childhood education and other human services • The Perry Preschool longitudinal study of 2 and 4 year olds in a quality preschool program, which included home visiting, found that preschool participants had an 80% lower incidence of “chronic offenders” than the control group, saving an estimated \$120,000 per participant in cost to crime victims as well as another \$30,000 per participant in criminal justice savings. <p>DSHS Child Care Program:</p> <ul style="list-style-type: none"> • A landmark study released in 1999 by the U.S. Department of Education, the Abecedarian Project followed 111 low-income children to age 21. The study showed that participation in good early childhood programs positively effected reading and mathematics skills and later academic achievement, individuals were more likely to attend college, hold high-skilled jobs and less likely to become parents by age 21. • National Institute of Child Health and Human Development followed 1,364 children for seven years. It determined that the better the child care the more likely the children would score well on cognitive and language test. The children in the study also reportedly behaved better and cooperated more and earned higher scores on measurements of language. • 1999 Cost, Quality Child outcomes followed children through second grade and found that children in high quality child care showed better language ability, and pre-math skills, viewed themselves positively, had warmer relationships with their teachers and more advanced social skills. High quality child care had a lasting effect on children through second grade. New evidence suggests the results last into adulthood. • Early Childhood programs as demonstrated in the Syracuse University model and the Perry preschool project all demonstrated long-term effects on reducing delinquent or anti-social behavior and of later involvement with the juvenile justice system. These ECE programs that prevent delinquency and crime actually not only represent savings to society by reductions in crime and justice system cost but also represents gains in work force participation. • The Center for Research on Women at Wesley College calculated that in 1997 5 million children are left unsupervised after school each week across all income levels. FBI data compiled in 1997 by the National Center of Juvenile Justice show that the peak hours for violent juvenile crimes are between 3-8 p.m. Research has also shown that latchkey children in all income groups are at greater risk for truancy, stress, receiving poor grades, risk-taking behavior and substance abuse. A 1997 Auburn University study and a 1990 University of California study also support these conclusions. The reasons above are why most police chiefs who participated in a 1999 Northeastern University poll agreed that investment in school-age programs was a very effective crime-fighting tool. <p>DCHS/WSU Co-op:</p> <ul style="list-style-type: none"> • The Prevention Researcher Online states early family interventions may be perceived as an invasion of privacy, they may also stigmatize or inappropriately label youth and families as problems, and may have unanticipated negative long-term effects. These barriers to primary prevention may prohibit well-intentioned interventions from being adequately implemented. To provide both widely acceptable services and targeted programs for those who need it
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	<p>most, preventive efforts have generally been of two types: (a) those that focus on training parents in family management techniques, and (b) those that provide an array of supportive services such as child care and/or medical and social services to socially disadvantaged families.</p> <ul style="list-style-type: none"> • The Prevention Researcher Online states more recent studies of the casework approach to delinquency, than the oft cited Cambridge-Somerville Youth study, have shown evidence of positive impact. • The Prevention Researcher Online states evaluations of cognitive behavioral skills-training programs have shown consistent, short term improvements in problem-solving abilities, particularly for younger, disadvantaged children. • The Prevention Researcher Online states there is some evidence that parent training programs can reduce the emergence of child behavior problems up to 8 years following intervention, and that structural family therapy can prevent delinquency. For lower socioeconomic status (SES) and minority families, some family support and structured preschool interventions were able to reduce the risk of delinquency many years following intervention. • For the past six years, WSU Cooperative Extension has sponsored a state-wide regional parenting conference, featuring pioneering researchers and experts, to train parent educators, family support workers and others who work with children, youth and children prevention strategies to reduce child abuse, neglect and delinquency in Washington communities. • Although EFNEP collects a large amount of outcome data (locally, regionally, and nationwide) related to improvements in food and nutrient intakes, food safety behaviors, and better use of food resources/budgets, we are not aware of any research directly assessing the direct impact on involvement in the criminal justice system. Nevertheless, like the King County Public Health Programs, the documented improvements observed in food and nutrient intakes and related behaviors can easily infer a positive impact on birth outcomes, brain development, healthier lifestyles and fewer acute and chronic illnesses, improved attendance and performance in work and school. These improvements in functioning may reduce the expense of more intensive and costly interventions.
<p><i>Does use of CX funds makes sense given needs, trends, and roles of other funders?</i></p>	<p>Public Health: CX is one of the very few flexible revenue sources that Public Health has. It is necessary to leverage other funding (such as Medicaid Match) and supports critical Public Health programs only partially supported by other revenues. In the area of Early Childhood/Family Support, CX primarily supports WIC and the Child Care Program, as well as interpretation services. Most of Public Health's revenue sources are categorical and tied to providing a limited scope of services to Medicaid eligible clients, making it difficult to support the kind of Public Health practice that research increasingly points to as most effective in prevention of long-term problems.</p> <p>CFC: The CFC family support programs are the primary activity supported by the County with discretionary CX.</p> <p>DCHS Child Care: There are now more working women than ever. Approximately 70% of women with young children now work outside the home, up from 57% in 1990 (2000 Child Care Resources report). The County program set income eligibility right above DSHS Working Connection Child Care (WCCC) which has recently changed to 225% of FPL. The County program adjusts accordingly when the DSHS program changes. KCCCP continues to maintain a wait list for subsidies due to several factors, one of which is that the cost of child care continues to increase. A market rate survey conducted in 1999 showed an 8.3% increase in child care provider rates.</p> <p>According to Washington Kids Count, the average wage in King County in 1998 was \$33,071 and child care was 19.2% or \$6,349 of take home wages. A family of 3 on the County program making an annual income of \$32,000 in 2000 could pay up to 26% of their income for full time preschool child care if they did not receive a subsidy.</p>

	<p>TANF changes have also affected who is able to access DSHS WCCC; strict eligibility requirements have become a barrier to services for many families seeking training and education towards higher wage employment.</p> <p>Families receiving WCCC is lower in King County compared to other regions of the state because King County has the lowest proportion of children living in poor families and therefore the lowest proportion of children in State-subsidized care. Many more families actually have average incomes above 225% of FPL, so the need does still exist. Also, families who are students enrolled in an educational program are not able to access “Working Connections Child Care” unless they are able to meet the work requirement. So families are forced into low wage jobs with almost no chance of wage progression. This differs from the County program, which provides child care subsidies, allowing families to pursue higher education and training, leading to higher wage jobs. In the recent evaluation of the county program, family income increase over time and the increase exceeds concurrent changes in cost of living. For families enrolled in the program for 1-2 years, their incomes increased by over 13%, and for families enrolled an average of 5 years showed a 39% income increase.</p> <p>The 1999 evaluation of the Child Care program also found that providers are providing quality child care, participating families are experiencing gains in employment and income overtime, and are able to access quality child care.</p> <p>There have been new investments at the local level from the state in child care as a result of TANF savings. King County is currently the lead applicant on two countywide proposals to increase, improve and retain child care for low-income families.</p> <p>DCHS/WSU Co-op: Provides education and assistance in family support, parenting, youth development and nutrition programs for growing families in collaboration with other state, local and federal agencies to avoid duplication of services for the efficient use public, state and federal funds.</p> <p>During the 31 years of EFNEP's existence, the need for education to impact behaviors related to improving nutritional quality of diets, handling food safely and stretching food dollars has increased rather than decreased. Reductions in food knowledge and food preparation skills have been well documented nationwide among families in all income brackets. These trends, which can be linked to the growth in two-income families, has led to a greater dependence on expensive pre-prepared foods, and restaurant meals. These trends have the strongest negative impact on the low-income clients we serve, since a larger proportion of their income must meet basic needs such as food and health care. With welfare reform moving people toward employment and away from the welfare roles, even less time is available for home food preparation. Consequently, these trends and their negative impact on the working poor are expected to continue for the foreseeable future.</p> <p>EFNEP has consistently demonstrated impacts. Comparing our baseline data on clients regarding food and nutrition knowledge and practices with our post-education outcomes, suggests EFNEP has a strong impact on food and nutrition practices, bringing clients from suboptimal or marginal food and nutrition practices to acceptable or superior levels. For EFNEP, the County provides a portion (less than 1/3) of one faculty member's salary, use of office equipment, and some support staff services. State and federal funding provide 2/3 of the faculty member's salary as well as funding for 7.0 FTEs for extension education assistants (paraprofessionals) who provide the education within the community. For this proportionately small investment of King County funds, EFNEP reached close to 700 families last year; nearly 400 graduated from the program and were included in our outcome assessments. In addition, we reached nearly more than 1350 youth in King County.</p>
<i>CX Not Used to Support Local Services</i>	<p>CX funds in early childhood and family support are being used to help support regionally organized systems.</p>

<p><i>Extent to which services funded with CX are reporting outcomes/results</i></p>	<p>Public Health has data demonstrating positive pregnancy outcomes including birth weight and access to early prenatal care. Other tracked outcomes include breast-feeding, children's nutrition, and children's growth and development. Many Public Health services are based on research pointing to the long-term positive impacts of services, including improved parenting and health, asset development, and the reduction of risk factors and avoidance of negative behaviors. Also, Public Health tracks many health status indicators by community, such as asthma hospitalizations for children and births to teens. It is difficult to correlate specific program interventions and outcomes with improvement in health status indicators.</p> <p>CFC uses RFP/pilot projects/outcomes/best practices/family support principles. All contracts are outcome based; all vendors measure some if not all outcomes.</p> <p>Child Care: In December 1999 King County hired Organizational Research to conduct an independent evaluation the following findings and recommendations were made:</p> <p>Program Outcomes:</p> <ul style="list-style-type: none"> • Increased/improved quality child care for low-income children in King County. The analysis indicated that provider assessment scores are relatively high and have been maintained over time. • Increased/maintained parent participants' ability to work, earn income, and/or participate in education/training activities. • Families have maintained their ability to work and maintain their ability to earn income. 95% of families were employed at least 35 hours per week. • 94% of families reported that participating in the program had helped them obtain affordable child care. • 87% increase in access to quality child care. <p>DCHS/WSU Co-op: WSU parenting and other programs are required to gather data demonstrating positive outcomes/results of community education programs and report to federal and state agencies each year. EFNEP has an outstanding history (more than 3 decades) of collecting and reporting outcomes and results. Data collection links key demographic variables of participants to program educational outcomes and benefits in the areas of food and nutrition intakes and practices, safe food handling and stretching food dollars. Outcome indicators are extremely practical, assessing improvements in food consumption, food safety behaviors and use of food dollars during the month. EFNEP outcome reports for King County are included in local and statewide reports as well as federal reports.</p>
<p><i>Cultural competence and relevance?</i></p>	<p>Public Health has developed the capacity to provide interpretation services to meet the needs of the County's increasingly diverse and non-English speaking populations, providing medical interpretation in all of our Public Health services throughout the County in the full range of languages spoken by residents. This is a challenging and costly endeavor, funded only partially with Medicaid Match funds.</p> <p>Public Health deliberately targets many services to decrease disparities in health status based on race, ethnicity and income. For example, Public Health has hired outreach workers and access specialists, many of whom are bilingual, from and for targeted diverse communities in order to increase access to services and to promote health of the people living in those communities.</p> <p>A major challenge faced by Public Health is that the hiring pool for key Public Health positions, including nurses, lacks diversity and our wages are not always competitive.</p> <p>The department does place great importance on the cultural competence and diversity of staff. Public Health has established a department-wide Diversity Management Committee and has begun to recognize cultural competence in performance appraisals. This will continue to be an important and consistent priority.</p>

	<p>CFC: Programs are family focused and driven at the grassroots level by community input and process. Several programs target immigrant and refugee populations. Participants are engaged through outreach efforts.</p> <p>DCHS Child Care: King County Child Care Program (KCCCP) has frequently taken leadership in the child care community to promote respect for diversity, strengthen anti-bias and culturally relevant programming, and move forward in undoing institutionalized racism. KCCCP has done this work collaboratively and at many levels—with program staff and child care providers, as well as on-site trainers, public health nurses, licensors and other agencies. KCCCP has provided significant funding and support for each of the regional Child Care Task Forces: African American, Asian-Pacific Islander, Latino, Lesbian and Gay, and Homeless. Each community-based group engaged in participatory action research projects to increase understanding of strengths and barriers to accessing culturally relevant child care. The studies culminated in an Action Agenda to promote quality early care and education for children. KCCCP has participated in implementing recommendations from each group’s needs assessment.</p> <p>Community-wide conferences and training provided with KCCCP leadership and/or involvement have included: Children, Race and Racism, Anti-Bias Support Groups, Undoing Racism, Getting On the Same Page: Anti-Bias, Culturally Relevant, Multi-cultural, and Power in Action for Families. KCCCP also funded a bilingual Child Development Associate class for child care providers within the Korean community.</p> <p>From the first efforts in recruiting child care providers, KCCCP staff emphasize a commitment to respect for diversity and anti-bias/culturally relevant practices. Staff consistently seek out diverse and bilingual providers to become vendors. The KCCCP provider assessment process functions as technical assistance to identify gaps and strengthen programs’ responses to working with a diversity of children and families. Providers are strongly encouraged to have each staff member obtain at least four hours of training annually on anti-bias and culturally relevant issues. On-site trainers are provided continuing education on these topics so that they offer more effective training at their child care sites.</p> <p>DCHS/WSU Co-op has developed relationships with numerous communities of color and is working to promote respect for diversity, to strengthen anti-bias and culturally relevant programming, and are committed to moving forward in undoing institutionalized racism in King County. We collaborate with many other King County departments, agencies and organizations to meet the diversity needs of county residents.</p> <p>EFNEP serves an extremely diverse clientele, including Africans, African Americans, Hispanics from Mexico, South and Central America, Hispanic Americans, Asians from China, Thailand, Laos, Cambodia, etc., Asian Americans, Pacific Islanders, Ukrainians, etc. Our clients include families who have been here for many generations as well as those who are new to the country in the past year. The foundation for our success is the equally diverse group of educators who serve this client population. Many of our educators are multilingual and are first generation immigrants who understand the challenges their clients face</p> <p>To support our clients in moving toward or sustaining positive nutrition behaviors, we study the food-related culture of a wide range of ethnic cuisines and do nationwide searches to identify educational materials culturally appropriate for the audiences with whom we work. Because our staff is so ethnically diverse they are able to provide insight to the appropriateness of the educational materials we identify.</p>
<p><i>Leverage . Promoting regional participation (that is, cities help contribute if their residents are served by the program)</i></p>	<p>Public Health: The state had designated a portion of the Motor Vehicle Excise Tax, previously provided to local cities, for local Public Health services. This replaced the funding from the suburban cities, which was based on the annual utilization of Public Health services by the residents of each city. Now with I-695, the state is considering alternative funding sources for Public Health. Since Public Health is a regional service, and especially since the time when MVET replaced the suburban city funding, cities have not seen it as their responsibility to fund Public Health. Public Health has worked with cities to increase cities’ funding of community health and human service and infrastructure in their communities.</p>

	<p>Although the City of Seattle has no obligation to fund Public Health, it does provide more General Fund revenue for Public Health services within Seattle than Public Health receives from County CX.</p> <p>CFC: Requires a 25 percent match.</p> <p>DCHS Child Care: The City of Bellevue continues to be the only city that funds the County program to provide child care for their residents—approximately \$69,000 in 2000. Other cities which have provided a small portion of funds towards child care directly to their residents and not through the county program include: Redmond, \$15,000; Federal Way, \$70,000; and Auburn which actually provides funding directly to ACAP for child care services to low-income families.</p> <p>The program also leverages money through the CCR contract by requiring a 1-2 match for the County funds.</p> <p>DCHS/WSU Co-op: Funding support King County provides to EFNEP is very well leveraged by that contributed by state and federal sources</p>
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APPENDIX B: Youth Services

King County's Current Investments in Youth Services

The following table provides a general breakdown of the departments' various youth-related programs. DCHS, Public Health, and Superior Court are the most heavily involved, with DCHS involved in the broadest range of programming.

King County Department/Office	Prevention	Early & Mid Level Intervention	Intensive Intervention
Department of Parks and Recreation	<ul style="list-style-type: none"> Diverse recreation programs (classes, workshops, special events). Primarily for unincorporated KC. King County Job Shadow Program (job shadow opportunities for middle and high school youth) Out of school activities, such as after school drop-in programs and teen center programs. Volunteer, leadership, and employment opportunities for youth. Indoor/outdoor facilities for use by various youth-serving organizations. 	<ul style="list-style-type: none"> Tutoring assistance at after-school teen and youth programs Assistance for youth in drop-in programs—role model/mentor/discussion groups. Referral to community health and social services. Partnerships with school districts and community-based organizations to provide direct service programs and training. 	<ul style="list-style-type: none"> Work Options for Youth – employment, internships, mentoring, and career exploration Supervised community service for youth referred from juvenile courts
Office of Cultural Resources	<ul style="list-style-type: none"> Internships/art programs 		
King County Sheriff's Office	<ul style="list-style-type: none"> School Resource Officers 		
King County Children and Family Commission (CFC)	<ul style="list-style-type: none"> Youth Involvement Coordinator <i>CFC also supports Family Support/Early Childhood Interventions; see previous section on Family Support services for details</i> 	<ul style="list-style-type: none"> One of the CFC's funding areas is Safe Communities/Youth Partnerships, which work to increase positive opportunities for youth. Projects are selected on competitive basis; most target youth at risk (current contractors include Consejo, Learning Disabilities Assoc., Northshore YFS, NW Mentoring, Renton Area Youth & Family Svs, and Youth Eastside Services) 	

King County Department/ Office	Prevention	Early & Mid Level Intervention	Intensive Intervention
Community and Human Services: Community Services Division	<ul style="list-style-type: none"> ▪ Youth recreation (unincorporated only) ▪ Community Organizing Program (drug, alcohol, & violence prevention) Countywide; state-funded ▪ Cooperative Extension 4-H ▪ Dating violence prevention and sexual assault prevention ▪ <i>CSD also funds family support/early childhood programs, see previous section</i> 	<ul style="list-style-type: none"> ▪ Counseling—Youth and Family Service Networks (CX helps support basic operations; many also have contracts for mental health & substance abuse services via MHCADS); countywide ▪ Several CX-funded youth contracts targeting youth involved in juvenile justice system: Atlantic Street Center, I-WA-SIL, and Orion ▪ CSD’s Work Training Program – various employment/education programs for at-risk youth. [Primarily federal funds] - Young Family Independence Program (YFIP): case management, health care, and other service. - Career Development Learning Center (Renton) - Opportunity Skyway (education & training in manufacturing) - Youthbuild (education & training in construction) - New Start grant (training, education, case management for youth 14-24 involved with justice system) South KC - Comprehensive Year-Round, In School Youth Program (education & employment) 	<ul style="list-style-type: none"> ▪ Emergency shelters for homeless youth – countywide [CX and federal funds] ▪ Royal Project (formerly Reaching Back-Giving Back)—intensive case management and monitoring for juvenile justice involved youth.

Department/ Office	Prevention Goal	Early & Mid Level Intervention Goal	Intensive Intervention Goal
Community and Human Services: Mental Health, Chemical Abuse and Dependency Services Division (MHCADS)		<ul style="list-style-type: none"> Various juvenile justice interventions: First Time Offender program; Referral and Linkage Project; DYS I-CARE Program Variety of programs through Substance Abuse services providing outreach, education, drug/alcohol prevention Seattle Team for Youth-focused on prevention/reduction of participation in gangs. 	<ul style="list-style-type: none"> Prime Time (intensive case management for juvenile justice-involved youth in need of mental health services) Detention-based mental health and drug/alcohol services. Range of crisis, case management, stabilization services for youth with emotional/behavioral problems General youth outpatient services for drug/alcohol treatment
King County Judicial Administration			<ul style="list-style-type: none"> Step Up grants (intervenes with teens who are abusers)
King County Superior Court		<ul style="list-style-type: none"> Truancy reduction programs, such as Stay in School. Crime Free Futures – Wrap around services to families with youth involved in juvenile justice system. Tukwila/Skyway/Renton Diversion 	<ul style="list-style-type: none"> Juvenile probation services (includes day reporting) Multi-Systemic Therapy. Intensive intervention to address anti-social behavior in juvenile offenders. Aggression Replacement Training (ART) – prescribed curriculum for moderate/high risk offenders. Functional Family Therapy Chemical Dependency Disposition Alternative (sentencing option that allows participation in CD treatment rather than incarceration) Drug Court

Department/ Office	Prevention Goal	Early & Mid Level Intervention Goal	Intensive Intervention Goal
Juvenile Detention			<ul style="list-style-type: none"> Juvenile detention (includes alternatives to secure detention, such as electronic home monitoring)
Public Health— Seattle & King County		<ul style="list-style-type: none"> City of Seattle School-Based Clinics County School-Linked Teen Health Centers Kent Teen Clinic Health Education (countywide) Access to Medical Insurance and Health Services (countywide) Community Pathways Model to Support Youth (Tukwila) Celebrating Changes – presentations for parents and pre-teen children about life changes – several South KC School Districts. Tobacco Prevention – countywide You’re the Cook – cooking techniques & nutrition education – Seattle SafeNet – family advocates to link youth & families to services (several school districts outside Seattle) Health Curriculum – teacher training countywide Community Development and Systems Improvement 	

Department/ Office	Prevention Goal	Early & Mid Level Intervention Goal	Intensive Intervention Goal
Public Health, continued		<ul style="list-style-type: none"> ▪ Public Health Teen Clinics ▪ 45th Street Clinic – comprehensive services for high risk and homeless youth - North Seattle area ▪ Eastside Community Youth Clinic – health care for homeless youth ▪ Project EMPOWER-life skills for high risk teens (several south county school districts and Bellevue) ▪ Crime Free Futures (health portion; see also Superior Court) – Tukwila/Skyway/Renton ▪ Young Family Independence Program (health portion; see also DCHS) ▪ Healthy Start – home visits for teen parents – East and North King County 	<ul style="list-style-type: none"> ▪ STD Program ▪ Health Care for the Homeless ▪ Teen Age Pregnant and Parenting Program – Seattle ▪ Weed and Seed Grant-referrals to substance abuse services – Seattle ▪ Back on Track - Health component for home-monitored juvenile-justice involved youth

Assessment of Youth Services Against Framework Policies

Framework Policy Issue	Assessment Result
<i>Supports community goals?</i>	King County's role in youth services is a good fit with the Community Goals. We are seeing a broad range of youth-related positive outcomes in all five of the Community Goals.
<i>Support for regional systems for those most in need? (CX priority)</i>	Appears strong. In terms of focusing CX on those "most in need," most of the discretionary CX funds targeted for youth are for programs that serve low-income youth with identified risk factors. Many are located in communities/school districts with high concentrations of low-income families. (Naturally, Parks & Recreation programs are an exception, but they are a local service for unincorporated residents.)
<i>Access for unincorporated King County residents? (CX Priority)</i>	<p>Several mechanisms are in place to promote access to youth services for unincorporated area youth:</p> <ul style="list-style-type: none"> - Support for recreation activities for unincorporated youth (mostly through Parks and Recreation) - CX funding policy for the Youth and Family Service Network agencies includes a formula through which agencies serving unincorporated youth receive a higher level of funding according to the percentage of unincorporated youth served. - Many of the regional services—such as Public Health, public defense, mental health and drug/alcohol services, and juvenile justice services—are organized in a way that provides access to all King County youth.
<i>CX Not Used to Support Local Services</i>	In Phase I, we identified possible recreation services in incorporated areas being supported with County CX funds (not allowed per the policy). This was addressed by including these services in the Phase I RFP pool; ineligible services will not be selected for continuation funding.
<i>Reduces impact on juvenile and criminal justice programs?</i>	<p>In youth services, there is a particularly strong linkage to this priority for the use of CX. Some impacts are long-term, others short-term, but nearly everything King County does for youth is oriented toward this goal. This is true even for the primary prevention programs, such as recreation services. They work to increase the number of assets in the lives of youth—assets which research has shown have the ability to "protect" youth when they encounter negative influences.</p> <p>Other programs increase the number of youth who complete educational objectives, get employed, or make progress on treatment goals. Still other programs—because they are working with court-involved youth—have the ability to show short-term, direct influence on the juvenile justice system, and can show reductions in the days spent in detention and reduced recidivism.</p>

<i>Does use of CX funds make sense given needs, trends, and roles of other funders?</i>	<p><i>This area poses the greatest challenge in terms of consistency with the Framework Policies, and is the focal point for potential improvements in 2001-2003, as discussed further in the section below.</i></p> <p><u>What the assessments tell us.</u> Over the past year, extensive new research and planning for at risk youth has been conducted through the Juvenile Justice Operational Master Plan. That and other research found that our community needs much stronger connections between community-based systems serving youth and the juvenile justice system. Currently, these connections do not happen with any regularity or ease. The subregional needs assessment conducted by the King County Community Services Division also identified many issues related to youth, particularly the lack of activities for youth.</p> <p><u>What we have now.</u> King County’s discretionary CX investments for at-risk youth should, ideally, be used to support a strong and systematic response to youth at risk. Our current array of programs came together in an ad hoc fashion over the years—a grant here, a Council initiative there. The array of current programs that King County alone is involved in has proved difficult even for King County to identify and categorize. It is clearly understandable, then, why those who are trying to refer youth and their families to services have a hard time knowing what’s available and how to access it.</p> <p><u>Possible new direction.</u> Strengthen responses for at-risk youth and their families by working through community-based processes at the subregional or school district level. Support locally designed processes and collaborations; offer flexibility in use of County funds to aid the locality in carrying out its support for youth at risk (see HSRR for more details.)</p>
<i>Outcomes and evaluation</i>	See above discussion under “Reduced Impact on Juvenile and Criminal Justice Systems”
<i>Cultural competence and relevance?</i>	The JJOMP work found that “. . . there are few services outside of Seattle that are specifically tailored for communities of color. Cultural conflicts particularly within immigrant and refugee families (where youth serve as the liaison between school, services, justice system and their families) exacerbate these difficulties” Extensive attention is planned, through the JJOMP implementation, to address the disproportionate number of youth of color in the juvenile justice system
<i>Leverage and promoting regional participation</i>	Leverage is high in youth services: many other cities and private sources contribute to youth services. Many cities offer recreational and educational programs for youth, focused on building assets. Overall, there is strong and growing regional participation in this service area.

APPENDIX C: Definition of Cultural Competency

Culturally Competent Service Delivery

*A Working Definition
adopted August 1990 by the
Minority Executive Director's Coalition*

Culturally competent services are defined in the terms of:

- 1) **Commitment**
- 2) **Availability**
- 3) **Accessibility**
- 4) **Appropriateness**

Commitment: A commitment that social is necessary and includes:

- 1) Acknowledgement that institutional racism exists at all levels of the service delivery system, policy and practice.
- 2) Recognitions that cultural differences exist—between and within groups—that ethnic minorities think, feel, and behave differently and cannot/should not measure against the white population.

Availability:

- 1) Assurance that at least the same range of choices and level of services are available to communities of color.
- 2) Services are located in communities of color.
- 3) Services are delivered through organizations which have a staff composition reflective of the client community (including upper management).

Accessibility

- 1) Purposeful elimination of barriers to service
- 2) Maintenance of bilingual staff in all service areas
- 3) Decentralized point of entry

Appropriateness

- 1) Services are delivered in a manner that is congruent with the client's language, cultural belief, environment, concept of time, spiritual and religious belief.
- 2) Services are sensitive to:
 - a) cultural differences in decision-making
 - b) Life events, including minority status experience, immigration, etc.
- 3) Services are delivered by ethnically competent staff.
- 4) Services involve and respect resources existent within the communities—traditional or non-traditional.
- 5) Services recognize the role of the community as well as personal problem solving.

APPENDIX D: Community Input

A. Input During the Development Phase

In May 2000, a “Discussion Issues” draft was shared with the community to obtain initial reactions on potential County directions in 2001-2003, and to guide the County’s development of the HSRR. County staff from several departments attended many meetings of various human service groups throughout the County, and also made the draft available by e-mail. Several themes which emerged are summarized below:

Concerns about the great focus on the juvenile justice system and a lack of focus on prevention

- Too great a focus on “problem youth” was a major concern. Several people and organizations argued that—in the words of one commentator—focusing on “the proven supports and interventions for young children and their families is in the long run the best and most cost effective approach the County could take.” There was a desire to see the County play a greater role in universal prevention efforts.
- Major concerns, particularly among the youth and family service agencies, arose on the implications of the proposal to strengthen subregional-based responses to at-risk youth and their families. They expressed concern about the impacts on existing infrastructure; the longstanding support by King County for the YFSAs is a critical part of maintaining the regional network of youth services, and the flexibility of County funds is essential to them.
- Several people also questioned whether the focus on youth and families implied less interest by the County in addressing the needs of single individuals.

County roles other than funding

- Many people voiced a desire to have the County more involved in technical assistance roles to agencies, cities, and coalitions.
- County staff should better work together—many people believe there is a lack of good communication, even on projects where various County departments are involved as collaborating partners.
- The County should communicate grant opportunities to local groups, and help write proposals and provide information (but not administer funds).
- County staff should attend local coordinating efforts.
- County should share best practice models and convene service providers to share information.
- County staff should actively promote the value of preventative approaches to elected officials and department managers.

Desire for more detail about possible changes in use of CX and how that would affect others

- Many questions were raised regarding the intent, if any, by the County to reallocate funds by subregion and/or by need. If so, what criteria would be used? Questions also arose regarding how the County would determine the meaning of “most in need” or a “weak infrastructure.”

Services that are not supported by local governments

- Several organizations expressed concern about the lack of County support for non-client services (such as advocacy for human services) and certain types of organizing and empowerment services, including legal assistance. These types of services can be rather unpopular among local government funders, yet are in high demand from low-income families and individuals.
- It was suggested that the County consider adding a sixth community goal related to advocacy.

The above issues were considered carefully in developing the HSRR, and explanations are noted in those instances when the County has taken a position that appears to run contrary to serious concerns raised by numerous people and organizations.

B. Input on Draft of Human Services Recommendations Report

The King County Children and Family Commission (CFC), acting in a citizens' oversight role, extended two opportunities for public comment on the draft HSRR. The HSRR and notice of public meetings held by the CFC were distributed by U.S. mail and e-mail to over 1,200 organizations currently under contract with the Community Services Division (CSD), CFC, and to hundreds of other interested human service providers and community members.

Two public meetings seeking community input were held, drawing over 65 combined participants. Fifteen individuals provided formal public comment. Seven individuals also provided written comment, (included at the end of this appendix but not included in electronic versions), or phone calls.

The meetings were held at the following locations:

- *Bellevue* (morning) – Wednesday, August 30. Bellevue Council Chambers, Bellevue.
- *Kent* (afternoon) - Wednesday, August 30. Kent Library, Kent.

For the most part, the HSRR was looked upon favorably by the community. Most public comment was supportive of the HSRR, prior to mentioning specific issues of concern or suggested changes of emphasis of the report. There were several favorable comments on a thorough, comprehensive report that involved an interdepartmental team. This document summarizes only the key concerns or critiques of the report.

Community input repeated several major themes, noted below.

The HSRR Lacks Specificity

Several community members indicated the draft report lacked specificity in several areas. The report does not give the reader a clear picture about County human service delivery or direction in the event of necessary funding cuts. Questions were asked as to what priorities would direct any cuts. It was suggested that the HSRR should outline a thoughtful process on how potential cuts would take place.

Early Childhood/Family Support/Child Care

Several community members testified to the importance of maintaining the County's commitment to Early Childhood and Family Support programs. It was stated that a significant error would occur if the County were to stop funding these important arenas of prevention in hopes that other funders, like United Way, would step in.

Also expressed was the importance of supporting families to help them thrive and avoid becoming at risk. The strength-based approach of Family Support programs was praised in contrast to traditional deficit-based programs. Several community members spoke to the importance of supporting and building healthy families rather than building more jails.

Youth and Juvenile Justice

Several speakers noted that the Youth section of the HSRR appears to parallel the tracks of the Juvenile Justice Operational Master Plan. The two documents have more or less become one and the same. Several speakers noted that it seems clear that criminal justice issues underlie the main thrust of the HSRR. While this focus was accepted and understood, we were cautioned to not focus so greatly on youth in the juvenile justice system as to overshadow and "abandon" other youth with high needs. One caller expressed concern that trends are changing and his agency has seen more efforts necessary to address children at elementary school age.

In support of the HSRR, other speakers expressed a desire to see the ever-growing expense of criminal justice costs contained. Criminal justice continues to grow, devouring the human services budget. Several speakers would like criminal justice money shifted from incarcerating individuals to prevention and intervention programs serving those at risk.

Concerns about County Support for Human Services

Several speakers noted some types of County human services, other than Early Childhood/Family Support/Child Care and Youth Services, were not properly addressed in the report. Speakers cited the need for increased and continued support of aging services, hunger relief, legal advocacy, affordable housing, and other vital human services. It was also noted that the HSRR lacks services targeting single adults, both male and female; there appears to be a large gap in human services available to those beyond 18 and under 62 years of age.

One speaker noted that human services do not appear to follow the changing demographic trends or needs of South King County. At the same time, on a per capita basis, there is great disparity between human service dollars available to South County residents and the rest of the County. It was suggested that the County provide leadership in forming a revenue strategy to solicit funds from the state and federal government to increase the funds to areas in need, like South County. Another speaker mentioned the continued need for strong County support for human services in the rural communities.

The Flexibility of County Current Expense Funds are Crucial

Several speakers representing contract human service providers noted the crucial role County current expense (CX) funds play in service delivery. These providers noted that County CX funding is their only sources of funding that can be negotiated to be spent in a flexible manner at the program level. Other types of funding, including federal, state and local government funding, United Way funding and foundation grants often have restrictive guidelines which make these funds unavailable to serve consumers who fall just outside the guidelines. County CX funds are crucial in filling the gaps in service created by these funding restrictions.

The input gathered from the hearings has resulted in several changes from the draft HSRR. Because of the concern for lack of specificity in several areas, more specific language was added to Family Support/Early Childhood Services and Youth Services Sections to explain the steps the County will undertake to carry out those recommendations. As to funding priorities, the County will rely primarily on the general guidance of the Framework Policies in determining funding priorities for the use of CX. For this first three-year HSRR, the focus was an in-depth review of the two service areas with just under fifty percent of current expense funds—Family Support/Early Childhood and Youth Services. The six other service areas are critical County services and received a Brief Review. It should be noted that most human services to single adults are primarily funded by federal and state revenues (mental health, substance abuse treatment, homeless services, etc.).

All of the input received will continue to guide the Interdepartmental Human Services Team and all County departments in future planning and implementation of the HSRR.